

STAFF RECORD

BURNS, PHILP & CO. LTD.

SYDNEY

Employee's Name in full: **GRIEVE, H**

**C**

**Q.B.E STAFF**

Address:

Telephone No.:

Date Joined Company:

Age:                      Years.

Date and Place of Birth:

Married or Single:

Previous Employment (if any):

REMARKS

- Insurance Department

## HOLIDAYS (H.) :

[illegible]

SICK LEAVE (S.)

[illegible]